



**Do a Friend a Favor...**

# **Ask Them to Join Caring Hearts Auxiliary!**

## **MEMBERSHIP CARD**

New  Renewal Date \_\_\_\_\_

Membership Categories: (check one)

Annual - \$25 annually  Lifetime - \$300

*Optional:*

*I would like to contribute an additional \$ \_\_\_\_\_*

*Pay by Check to: FAU Foundation, Inc.*

*Note on check : NRS 160*

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### **Areas of Interest:**

*Please check all that apply:*

Program/Community Outreach

Special Events

Fundraising

Newsletter

Publicity

Office - Computer

Membership - Recruitment

Other areas of interest or expertise:

\_\_\_\_\_

\_\_\_\_\_

## **To Pay Membership Dues by Credit Card**

Annual - \$25 annually  Lifetime - \$300

*Indicate type of credit card*

Mastercard

Visa

American Express

Amount: \$ \_\_\_\_\_ (please include optional donation amount)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Please complete all information above on membership card request. Thank you!**

**For information call: 561-297-4066.**

**Return this sheet to: Caring Hearts Auxiliary, Louis and Anne Green Memory and Wellness Center, 777 Glades Rd., Bldg. AZ-79, Boca Raton, FL 33431.**

